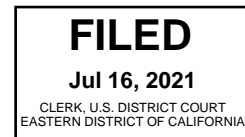


Lee E. Haggerty AX7155
 Name and Prisoner Booking Number (2)
FSP-Sacramento
 Place of Confinement
P.O. Box 290066
 Mailing Address
Represa, Ca. 95671
 City, State, Zip Code



(Failure to notify the Court of your change of address may result in dismissal of this action.)

IN THE UNITED STATES DISTRICT COURT
 FOR THE EASTERN DISTRICT OF CALIFORNIA

Lee E. Haggerty
 (Full Name of Plaintiff) (2) Plaintiff
 v.
(1) Jeff Lynch
 (Full Name of Defendant)
(2) G. Collinsworth; A. Arthur
(3) G. Black; M. Liddell
(4) C. Sullivan; A. Uribe
 Defendant(s).
☐ Check if there are additional Defendants and attach page 1-A listing them.

CASE NO. 2:21-cv-1248 AC (PC)
 (To be supplied by the Clerk)

CIVIL RIGHTS COMPLAINT
 BY A PRISONER

☒ Original Complaint
☐ First Amended Complaint
☐ Second Amended Complaint

A. JURISDICTION

- This Court has jurisdiction over this action pursuant to:
☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983
☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).
☐ Other: _____
- Institution/city where violation occurred: FSP-Sacramento ; Represa

B. DEFENDANTS

1. Name of first Defendant: Jeff Lynch The first Defendant is employed as:
Warden at FSP-Sacramento
(Position and Title) (Institution)
2. Name of second Defendant: Collinsworth / A. Uribe The second Defendant is employed as:
Correctional sergeants at FSP-Sacramento
(Position and Title) (Institution)
3. Name of third Defendant: D. Black / M. Liddell The third Defendant is employed as:
Correctional officers at FSP-Sacramento
(Position and Title) (Institution)
4. Name of fourth Defendant: A. Arthur / C. Sullivan The fourth Defendant is employed as:
Correctional officers at FSP-Sacramento
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☒ No
2. If yes, how many lawsuits have you filed? _____. Describe the previous lawsuits:
 - a. First prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - b. Second prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - c. Third prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION

CLAIM I

1. State the constitutional or other federal civil right that was violated: Eighth Amendment
United States Constitution

2. **Claim I.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input checked="" type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: <u>failure to protect</u> | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

On 11-13-19, while I was housed in FSP-Sacramento, Z-E-156 STRH, I was escorted to the STRH group room by Correctional officer A. Uribe, moments after arriving in the STRH room for group, I was ordered to "get down" by officer A. Uribe. After I complied with the officer's order to "get down", I noticed several officers were present, Sergeants Collins, Worth, Uribe, Correctional officers C. Sullivan, M. Liddell, a Black, A. Arthur. I was placed in restraints by officer A. Arthur and while attempting to exit the STRH group room I felt extremely sharp pain in my lower back which were later medically reported by Psychiatric Technician T. Mathis as two puncture wounds caused by a weapon. Due to the fact that the injuries that I sustained were to my back while I was exiting the room I cannot determine whom caused my injuries. But per California Code of Regulation, title 15 section 3271 Every C.O.C.R. employee is responsible for the safety of all inmates. The United States Supreme Court, Ruled, Officials, whom are both aware of

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

The inaction of the Defendants caused the Plaintiff to sustain two puncture wounds to the lower back and the suffering of immense pain due to these injuries.

5. **Administrative Remedies:**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim I? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim I to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

1 facts from which the inference could be drawn that a substantial
2 risk of serious harm exists, and he must also draw the inference.
3 Determining that the "subjective recklessness" standard used in
4 criminal law is appropriate to demonstrate deliberate indifference,
5 (Farmer, 511 U.S. at 841-42.)

6 Defendants g. Collinsworth, A. Uribe, A. Arthur, M. Liddell, g. Black,
7 and C. Sullivan, whom were acting under the color of the law
8 at the time of the incident and knew that a substantial risk of
9 serious harm existed but fail to protect the Plaintiff of the
10 injuries sustained as the Plaintiff was existing the room in
11 restraints.

12 Defendant, Jeff Lynch, Warden reviewed and signed off on
13 the partly granted prison grievance failed in his duties to
14 ensure that the named defendants were properly trained in
15 their duties to protect all inmates from substantial risk of
16 serious harm.

CLAIM II

1. State the constitutional or other federal civil right that was violated: _____

2. **Claim II.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim II. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

5. **Administrative Remedies.**

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☐ No
- b. Did you submit a request for administrative relief on Claim II? ☐ Yes ☐ No
- c. Did you appeal your request for relief on Claim II to the highest level? ☐ Yes ☐ No
- d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

- If you assert more than three Claims, answer the questions listed above for each additional Claim on a separate page.

E. REQUEST FOR RELIEF

State the relief you are seeking:

to be financially compensated for the
pain and suffering endured \$1,000,000.00

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

June 24, 2021
DATE

+ Lee Hays
SIGNATURE OF PLAINTIFF

(Name and title of paralegal, legal assistant, or
other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR 602 (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

EMERGENCY PROCESSING
NOT WARRANTED

IAB USE ONLY

Institution/Parole Region:

Log #

Category

2004230

SAC-S-19-05544

FOR STAFF USE ONLY

You may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations (CCR), Title 15, Section 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that led to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):

CDC Number:

Unit/Cell Number:

Assignment:

HAGGERTY, LEE

#AX 7155

4A-1L70

SHU

State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

"SECOND SUBMISSION" / FAILURE TO PROTECT - IUDID REU
DELIBERATE
LAST MONTH I

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A):
SUBMITTED A 602 IN REGARDS TO THIS SAME INCIDENT
WITHOUT RESPONSE TO DATE. SO IF THIS ONE IS NOT PRESE
ED I WILL JUST PROCEED VIA CIVIL ACTION. ON THE DATE REC

B. Action requested (If you need more space, use Section B of the CDCR 602-A): I AM REQUESTING
ALL INVOLVED OFFICERS BE PROPERLY TRAINED & BRUGHT
UP TO SPEED IN PROPER PROTOCOL & PROCEDURES SO
THAT THIS DOES NOT BECOME A REOCCURRING ISSUE

Supporting Documents: Refer to CCR 3084.3.

☒ Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 128-G, Classification Chrono):

SEE RPR 00000006931427

☐ No, I have not attached any supporting documents. Reason:

Inmate/Parolee Signature:

Lee Hagerty

Date Submitted: 12-22-19

☐ By placing my initials in this box, I waive my right to receive an interview.

C. First Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☒ Yes ☐ No

This appeal has been:

☐ Bypassed at the First Level of Review. Go to Section E.☐ Rejected (See attached letter for instruction) Date:

Date:

Date:

Date:

☐ Cancelled (See attached letter) Date:☐ Accepted at the First Level of Review.

Assigned to:

Title:

Date Assigned:

Date Due:

First Level Responder: Complete a First Level response. Include interviewer's name, title, interview date, location, and complete the section below.

Date of Interview:

Interview Location:

Your appeal issue is:

☐ Granted☐ Granted in Part☐ Denied☐ Other:

See attached letter. If dissatisfied with First Level response, complete Section B.

Interviewer:

(Print Name)

Title:

Signature:

Date completed:

Reviewer:

(Print Name)

Title:

Signature:

Date received by AC:

AC Use Only

Date mailed/delivered to appellant ____/____/____

SENT TO HA: LO (7) ✓

RECEIVED
DEC 23 2019
INMATE
STAFF USE ONLY
RECD DCA
04/06/2020
EM

D. If you are dissatisfied with the First Level response, explain the reason below; attach supporting documents and submit to the Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

BYPASS

Inmate/Parolee Signature: _____

Date Submitted: _____

E. Second Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☒ Yes ☐ No

This appeal has been:

☐ By-passed at Second Level of Review. Go to Section G.

☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____

☐ Cancelled (See attached letter)

☒ Accepted at the Second Level of Review

Assigned to: _____ Title: _____ Date Assigned: 1/2/2020 Date Due: _____

Second Level Responder: Complete a Second Level response. If an interview at the Second Level is necessary, include interviewer's name and title, interview date and location, and complete the section below.

Date of Interview: FEBRUARY 4, 2020

Interview Location: TELEPHONE VIA CORRECTIONAL CENTER

Your appeal issue is: ☐ Granted ☒ Granted in Part ☐ Denied ☐ Other: _____

See attached letter. If dissatisfied with Second Level response, complete Section F below.

Interviewer: T.S. SICHMAN Title: LT Signature: _____ Date completed: 2-5-20

Reviewer: J. LYNCH Title: W(A) Signature: _____

Date received by AC: 2-21-20

AC Use Only

Date mailed/delivered to appellant 2-21-20

F. If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 602-A.

I am dissatisfied with the second level response due to my action requested was to receive Monetary Compensation which I did not personally negotiate upon interview.

Inmate/Parolee Signature: _____

Date Submitted: _____

G. Third Level - Staff Use Only

This appeal has been:

☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____

☐ Cancelled (See attached letter) Date: _____

☒ Accepted at the Third Level of Review. Your appeal issue is ☐ Granted ☐ Granted in Part ☒ Denied ☐ Other: _____

See attached Third Level response.

Third Level Use Only

Date mailed/delivered to appellant FEB 03 2021

H. Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because; State reason. (If withdrawal is conditional, list conditions.)

Inmate/Parolee Signature: _____ Date: _____

Print Staff Name: _____ Title: _____ Signature: _____ Date: _____

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (REV. 03/12)

NOT WARRANTED

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY	Institution/Parole Region: CAL 19-7444 SAC-S-19-05544	Log #:	Category: 9 (7)
FOR STAFF USE ONLY			

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): Haggerty, Lee	CDC Number: AX 7155	Unit/Cell Number: 4A-16-20	Assignment: 5-11
<p>A. Continuation of CDCR 602, Section A only (Explain your issue):</p> <p>WHILE DROWNED OUT IN THE STR-2-SEC GROUP @ SAC ROOM AFTER BEING PEPPER SPRAYED FOR DEFENDING MYSELF. CORRECTIONAL PERSONNEL WHILE I LAY DEFENSELESS I FAILED TO PROTECT ME FROM BEING ASSAULTED BY ANOTHER INCARCERATED PERSON WHOM HAD A WEAPON IN HIS POSSESSION & UTILIZED IT UPON MY PERSON. RESULTING IN INJURY / TWO PUNCTURE WOUNDS TO MY BACK.</p> <p>CORRECTIONAL OFFICERS: A. URIBE, A. ARTER, G. BLACK, G. COLLINGSWORTH, M. LIDDELL & C. SULLIVAN WERE THE ONLY OFFICERS THAT I CAN RECALL BEING PRESENT AT THE MOMENT. & THIS ALL COULD HAVE BEEN AVOIDED. I HAD % A. URIBE TOOK THE PROPER PRECAUTIONARY MEASURES WHEN SHE OBSERVED ME & THE OTHER INCARCERATED AGREEMENTED INCARCERATED INDIVIDUAL INVOLVED IN A VERBAL DISPUTE ON A STR-2 UNIT TIER.</p> <p>FOR MORE REFER TO R.V.R. Log # 000000006931427</p> <p>"THIS INCIDENT OCCURRED @ SAC - ALBANY"</p>			<p>RECEIVED DEC 23 2019</p> <p>STAFF USE ONLY</p> <p>CSP - SOUTHERN CALIFORNIA DEC 31 19 11 19</p>
Inmate/Parolee Signature: Lee Haggerty		Date Submitted: 12-22-19	

B. Continuation of CDCR 602, Section B only (Action requested): AMONG THE STR-2-UNIT POPULOUS @ SAC & I AM ALSO REQUESTING MONETARY COMPENSATION WHICH CAN BE REASONABLY NEGOTIATED UPON INTERVIEW.

PLEASE & THANK YOU.

Inmate/Parolee Signature: Lee Haggerty Date Submitted: 12-22-19

D. Continuation of CDCR 602, Section D only (Dissatisfied with First Level response):

BYPASS

Inmate/Parolee Signature:

Date Submitted:

F. Continuation of CDCR 602, Section F only (Dissatisfied with Second Level response):

Inmate/Parolee Signature:

Date Submitted:

STATE OF CALIFORNIA
**MEDICAL REPORT OF INJURY
 OR UNUSUAL OCCURRENCE**
 CDCR 7219 (Rev. 01/18)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 2

NAME OF INSTITUTION CSP-SAC		LOCATION OF EVALUATION STAND ALONE		DATE 11/13/19	
REASON FOR REPORT <input type="checkbox"/> ALLEGATION <input checked="" type="checkbox"/> ON THE JOB INJURY <input type="checkbox"/> USE OF FORCE <input checked="" type="checkbox"/> INJURY <input type="checkbox"/> OTM RETURNS <input type="checkbox"/> UNUSUAL OCCURRENCE <input type="checkbox"/> PRE AD/SEG ADMISSION <input type="checkbox"/> R&R <input type="checkbox"/> OTHER					
NAME LAST SULLIVAN FIRST 		CDCR NUMBER N/A		VISITOR ID # (SOMS) N/A	
PLACE OF OCCURRENCE STAND ALONE		DATE OF OCCURRENCE 11/13/19	TIME OF OCCURRENCE 1005	TIME SEEN 1023	PHYSICIAN NOTIFIED TIME N/A
				RN NOTIFIED TIME 7/16/19 1020	

BRIEF STATEMENT IN SUBJECT'S WORDS OF THE CIRCUMSTANCES OF THE INJURY OR UNUSUAL OCCURRENCE:

"HAPPENED DURING TAKE DOWN."

INJURIES FOUND? YES / NO

Attrition/Scratch	1
Active Bleeding	2
Broken Bone	3
Bruise/Discolored Area	4
Burn	5
Dislocation	6
Dried Blood	7
Fresh Tattoo	8
Cut/Laceration/Slash	9
Swollen Area	10
Pain	11
Protrusion	12
Puncture	13
Reddened Area	14
Skin Flap	15
Pre-Existing	16
Other	17
	18

Chemical Agent Exposure? YES / NO

Chem. Agent Exposure Area **AIR** EXDecontaminated w/ Water? YES / NO **REFUSED**Decontaminated w/ Air? YES / NO **REFUSED**

Self decontamination instructions given? YES / NO

Staff issued Exposure packer? YES / NO

Q 15 min. check times

Initial PA	1st Check N/A
2nd Check N/A	Final N/A

TIME/DISPOSITION

1010

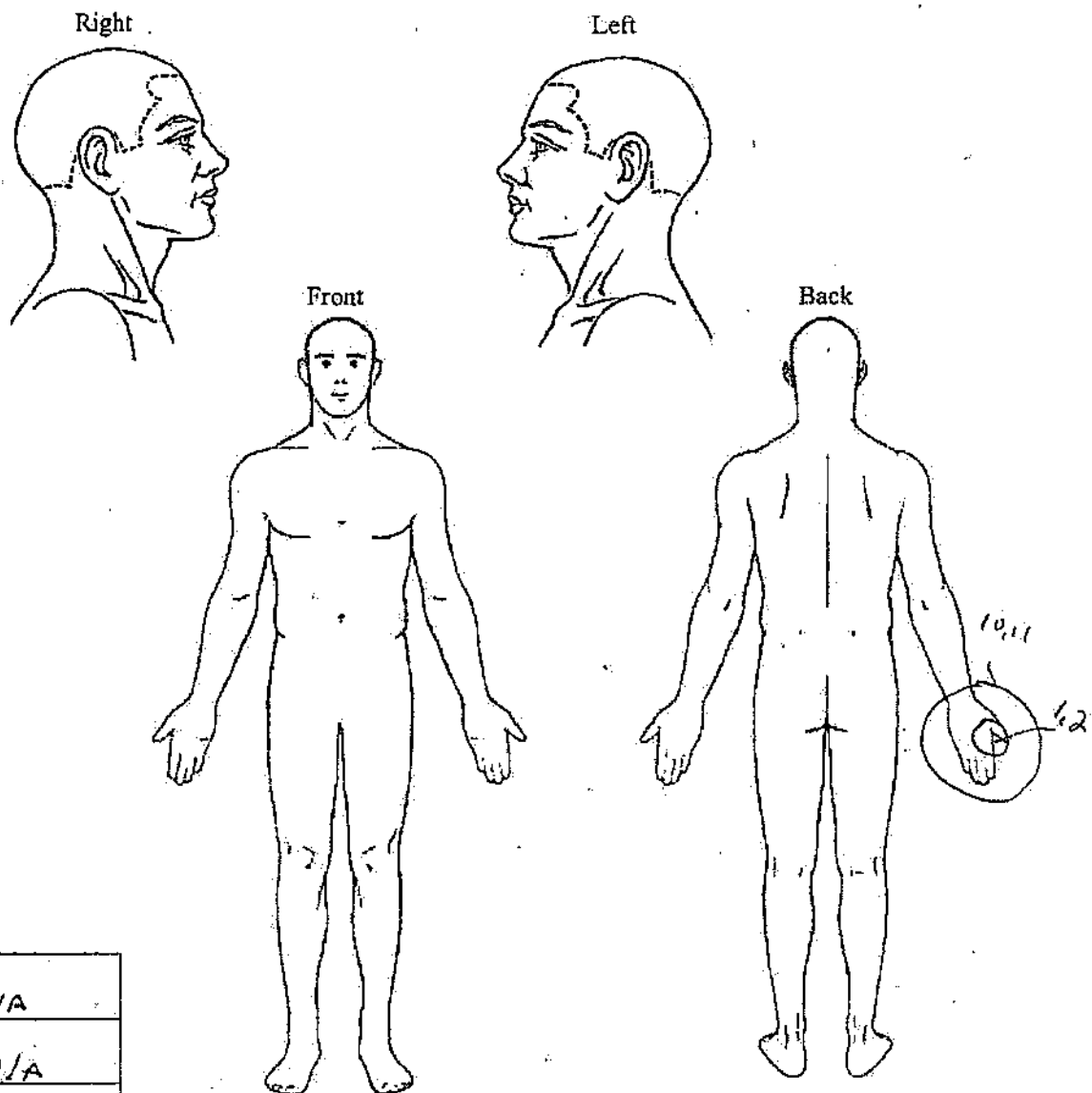
REPORT COMPLETED BY TITLE (PRINT AND SIGN)

MATTHEW R. [Signature]

PERNR / INST. ID #

RDOs

ASSIGNMENT AREA

STAND ALONE

STATE OF CALIFORNIA
**MEDICAL REPORT OF INJURY
 OR UNUSUAL OCCURRENCE**
 CDCR 7219 (Rev. 01/18)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 2

NAME OF INSTITUTION CSR-SAC		LOCATION OF EVALUATION STAND ALONE		DATE 11/13/19	
REASON FOR REPORT <input type="checkbox"/> ALLEGATION <input type="checkbox"/> ON THE JOB INJURY <input checked="" type="checkbox"/> USE OF FORCE <input type="checkbox"/> INJURY <input type="checkbox"/> OTM RETURNS <input type="checkbox"/> UNUSUAL OCCURRENCE <input type="checkbox"/> PRE AD/SEG ADMISSION <input type="checkbox"/> R&R <input type="checkbox"/> OTHER					
NAME LAST HAGGERTY		FIRST		CDCR NUMBER AX7155	PERNR / INST. ID # N/A
PLACE OF OCCURRENCE GROUP ROOM		DATE OF OCCURRENCE 11/13/19	TIME OF OCCURRENCE 1005	TIME SEEN 1008	VISITOR ID # (SOMS) N/A
STAND ALONE				TYLER	PHYSICIAN NOTIFIED TIME

BRIEF STATEMENT IN SUBJECT'S WORDS OF THE CIRCUMSTANCES OF THE INJURY OR UNUSUAL OCCURRENCE

7-146 97%
 T-99.2 B/O 150/94. NO COMMENT.

INJURIES FOUND	YES	NO
Abrasion/Scratch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Active Bleeding	<input type="checkbox"/>	<input type="checkbox"/>
Broken Bone	<input type="checkbox"/>	<input type="checkbox"/>
Bruise/Discolored Area	<input type="checkbox"/>	<input type="checkbox"/>
Burn	<input type="checkbox"/>	<input type="checkbox"/>
Dislocation	<input type="checkbox"/>	<input type="checkbox"/>
Dried Blood	<input type="checkbox"/>	<input type="checkbox"/>
Fresh Tattoo	<input type="checkbox"/>	<input type="checkbox"/>
Cut/Laceration/Slash	<input type="checkbox"/>	<input type="checkbox"/>
Swollen Area	<input type="checkbox"/>	<input type="checkbox"/>
Pain	<input type="checkbox"/>	<input type="checkbox"/>
Protrusion	<input type="checkbox"/>	<input type="checkbox"/>
Puncture	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reddened Area	<input type="checkbox"/>	<input type="checkbox"/>
Skin Flap	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Existing	<input type="checkbox"/>	<input type="checkbox"/>
Other OC SPRAY	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Chemical Agent Exposure?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Chem. Agent Exposure Area	EX
Decontaminated w/ Water?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED SHOWER
Decontaminated w/ Air?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED
Self-decontamination instructions given?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Staff issued Exposure packet?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Q 15 min. check times

Initial	1 st Check
MA	1020
2 nd Check	Final
1035	1050

TIME/DISPOSITION

RETURN TO CUSTODY

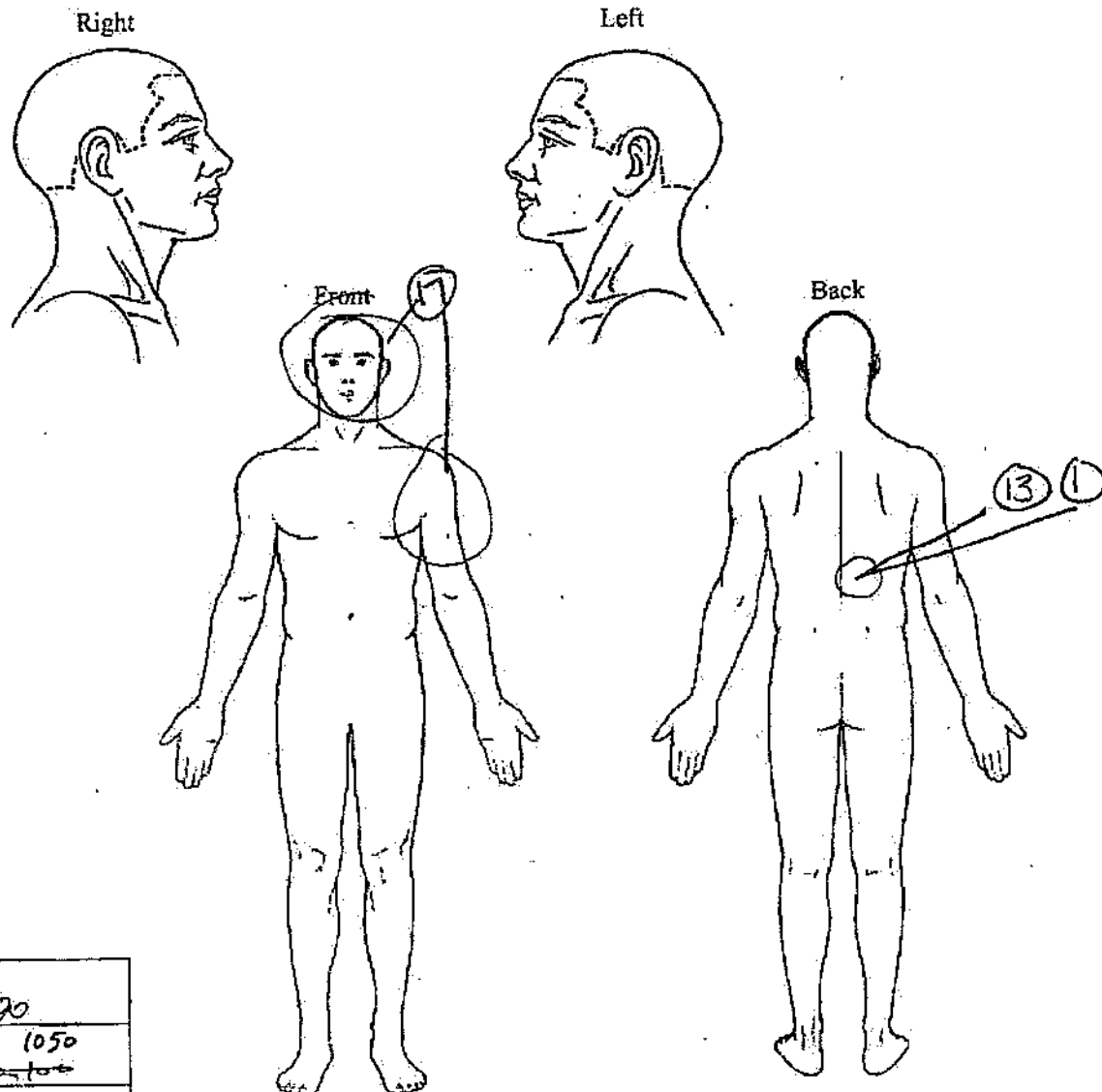
REPORT COMPLETED BY/TITLE (PRINT AND SIGN)

MATCHES ET / [Signature]

PERNR / INST. ID #

ROOM

ASSIGNMENT AREA

STAND ALONE

Template Date 4/4/2012
State of California

Attachment E-1
Department of Corrections and Rehabilitation

Memorandum

Date : February 5, 2020

To : Haggerty, AX7155
Facility: A Building: 4 Bed: 202L
California State Prison- Corcoran

Subject: **STAFF COMPLAINT RESPONSE-APPEAL # SAC-S-19-05544 SECOND LEVEL RESPONSE**

APPEAL ISSUE: You allege on November 13, 2019, Correctional Sergeants G. Collinsworth, A. Uribe, Correctional Officers A. Arthur, G. Black, M. Liddell and C. Sullivan failed to protect you while another incarcerated person battered you. You had been pepper sprayed for defending yourself, and lay defenseless on the floor of the Short Term Restrictive Housing Unit Group Room. Another incarcerated person who had a weapon attacked you, causing an injury, consisting of two puncture wounds to your back.

All issues unrelated to the allegation of staff misconduct must be appealed separately and will not be addressed in this response. You do not exhaust administrative remedies on any unrelated issue not covered in this response or concerning any staff member not identified by you in this complaint. If you are unable to name all involved staff, you may request assistance in establishing their identity.

DETERMINATION OF ISSUE: A review of the allegations of staff misconduct presented in the written complaint has been completed. Based upon this review your appeal is:

➤ Being processed as an Appeal Inquiry.

You were interviewed on February 4, 2020, by Correctional Lieutenant T. S. Buchanan, wherein you reiterated the information contained in the appeal with nothing new to add.

Your appeal is PARTIALLY GRANTED in that:

➤ The Appeal inquiry is complete, has been reviewed and all issues were adequately addressed.

The following witness was questioned: Brown, G12404, FB08-118L.

Staff: *did* ☐ *did not* ☒ violate CDCR policy with respect to one or more of the issues appealed.

ALL STAFF PERSONNEL MATTERS ARE CONFIDENTIAL IN NATURE.

Page 2

- As such, the details of any inquiry will not be shared with staff, members of the public, or offender appellants.
- Although you have the right to submit a staff complaint, a request for administrative action regarding staff or the placement of documentation in a staff member's personnel file is beyond the scope of the staff complaint process. A variety of personnel actions may be initiated by the Department based upon the content of your complaint and the outcome of any investigation or inquiry conducted as a result of your complaint.
- Allegations of staff misconduct do not limit or restrict the availability of further relief via the inmate appeals process.

If you wish to appeal the decision and/or exhaust administrative remedies, you must submit your staff complaint appeal through all levels of appeal review up to, and including, the Secretary's/Third Level of Review. Once a decision has been rendered at the Third Level, administrative remedies will be considered exhausted.

Print: T. S. Buchanan, Lieutenant
Interviewer

Sign: 

Date: 2-5-20

Print: JEFF LYNCH, Warden (A)
Reviewing Authority

Sign: 

Date: 2/19/20

OFFICE OF APPEALS

P.O. BOX 942883

SACRAMENTO, CA 94283-0001

**OFFICE OF APPEALS (THIRD LEVEL) DECISION**

Date: February 2, 2021

In re: Haggerty, Lee CDC# AX7155
SACTLR Case No.: 2004230
Local Log No.: SAC-19-05544**I. ISSUE ON APPEAL:**

It is the appellant's position that SAC staff failed to protect him while he was being assaulted by another inmate. More specifically, the appellant claims that on November 13, 2019, Sergeants G. Collinsworth, A Uribe, Correctional Officers, A Arthur, G. Black, M. Liddell and C. Sullivan failed to take proper actions to avoid a battery from taking place. The appellant further argues that he was OC Pepper sprayed for attempting to defend himself. The appellant adds that he laid defenseless on the floor while another inmate attacked him with a weapon. The appellant asserts that the incident caused him serious injuries to include two puncture wounds to his back. The appellant requests that all staff that failed to properly respond to the aforementioned incident be held accountable and retrained.

II. RULES AND REFERENCES:**A. CONTROLLING AUTHORITY:**

- California Code of Regulations, Title 15, (CCR) 3001
- California Code of Regulations, Title 15, (CCR) 3084.1
- California Code of Regulations, Title 15, (CCR) 3270
- California Code of Regulations, Title 15, (CCR) 3291

B. DOCUMENTS CONSIDERED:

- CDCR 602 Appeal Form Log No.: SAC-19-05544
- CDCR Staff Complaint Second Level Appeal Response dated February 5, 2020.
- Confidential Inquiry attachment "C" completed by Correctional Lieutenant T. S. Buchanan dated February 5, 2020.
- Use of Force/IERC report dated February 19, 2020 approved by Associate Warden C. Rojas.

III. REASONING AND DECISION: DENIED

It is the order of the Office of Appeals that the appeal at the Third Level of Review is **DENIED**. This decision exhausts the administrative remedies available to the appellant within the California the Department of Corrections and Rehabilitation.

The Office of Appeals reviewed the confidential inquiry and related documents and finds the institution's response complies with departmental policy, and the appellant's staff complaint allegations were properly addressed.

IV. REMEDY: Your appeal has been denied, therefore there is no applicable remedy.

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A handwritten signature in black ink, appearing to read 'D. Artis', with a stylized flourish extending from the end.

D. Artis, Appeals Examiner
Office of Appeals
cc: SAC, Grievance Coordinator,